

CONVULSIVE TREATMENTS ADMINISTERED – QUARTERLY REPORT

MH 309 (Rev. 9/04)

County	Reporting Facility or Doctor	Report Date
For Quarter Ending	Number of Patients Treated By Major Source of Payment	Private: _____ Public: _____ 3rd Party Payor: _____ Other: _____

SECTION I**NUMBER OF PATIENTS RECEIVING TREATMENT**

PATIENT DISTRIBUTION	AGE								SEX			RACE								
	PATIENT TYPE	12 - 15	16 - 17	18 - 24	25 - 44	45 - 64	65+	Unknown	Totals	Male	Female	Totals	White	Black	Hispanic	Asian	Amer. Indian	Filipino	Other	Totals
Voluntary Patient - With Informed Consent																				
Voluntary Patient - Not capable of Informed Consent																				
Involuntary Patient - With Informed Consent																				
Involuntary Patient - Not Capable of Informed Consent																				
TOTALS																				

SECTION II**TOTAL TREATMENTS GIVEN**

Convulsive Treatments																			
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SECTION III**COMPLICATIONS ATTRIBUTABLE TO TREATMENT**

Cardiac Arrest - Nonfatal																			
Memory Loss - reported																			
Fractures																			
Apnea																			
Death - No Coroner Report																			
Death - With Coroner Report																			
TOTALS																			

SECTION IV**EXCESSIVE TREATMENTS**

Patients - Excessive Treatments																			
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PREPARED BY: _____

SUBMIT TO: _____

TELEPHONE NUMBER (including area code): _____

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County Mental Health Director

DO NOT MODIFY THIS FORM FOR SUBMITTAL TO THE DEPARTMENT OF MENTAL HEALTH